

**CLAIMS ONLY**

**Application Number**

10-8

**Filing Date**

~~12-1-05~~

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep.	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51			
2	/						52			
3	/						53			
4	/						54			
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6	/						56			
7	/						57			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	2						Total Indep			
Total Depend	10						Total Depend			
Total Claims	12						Total Claims			